STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115360	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Center for Nursing & Healing LLC	110 Brandywine Boulevard Fayetteville, GA 30214

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, resident and staff interviews, and review of the facility policy titled Medication Administration, the facility failed to assess three of 73 sampled residents (R) (R51, R482, and R456) for self-administration of medication. This deficient practice had the potential to place R51, R482, and R456 at risk of unsafe medication use and unauthorized medication access by other residents. Findings include: Review of facility's policy titled Medication Administration indicated under Practice Standards: . 8. Medication Administration. 8.1 Assist patient as needed. 8.2 Remain with patient until administration is complete. Do not leave medication at the patient's bedside. 1. Review of the electronic health record (EHR) for R51 revealed the resident was admitted to the facility with diagnoses including but not limited to cerebral infarction, type 2 diabetes mellitus without complications, chronic diastolic congestive heart failure, bronchiectasis (uncomplicated), generalized muscle weakness, dysphagia (oropharyngeal phase), and paraplegia. Review of R51's quarterly Minimum Data Set (MDS) dated [DATE] documented in Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Additional MDS findings revealed in section GG (Functional Abilities and Goals) dependency with multiple activities of daily living (ADLs), including bathing, dressing, and personal hygiene. Section H (Bladder and Bowel) documented bowel and urinary incontinence. Section M (Skin Conditions) indicated Moisture Associated Skin Damage (MASD). Review of a physician's order dated 2/27/2025 stated R51 was not capable of self-administering medications with approval and review by the Interdisciplinary Team. Review of the EHR revealed no documentation of a self-administration assessment. Observation on 6/10/2025 at 11:27 am and 12:29 pm revealed a white powdery substance on the bedside table of R51. An interview conducted at the time of the observation with R51 revealed the powder was for use down in her vaginal area. R51 stated the nurse placed the powder there in the morning so the Certified Nursing Assistants (CNAs) could apply it during care. She reported this was a common occurrence. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 6/10/2025 at 12:38 am with Medication Technician (MT) LL revealed that staff were expected to remain at the bedside while residents took their medications. She explained that medications should not be left unattended. MT LL stated that if a resident refused medication, she took the medication with her and informed the nurse. She emphasized that residents were not allowed to keep medications at their bedside due to the risk of unauthorized access. Interview on 6/9/2025 at 12:41 pm with CNA/MT QQ confirmed the powder was Nystatin (an antifungal medication) and was left by the previous night shift. CNA/MT QQ stated she had not initially noticed the powder but later removed it from the bedside. She stated she had been trained to observe for unsecured medications and acknowledged that leaving medications at the bedside could result in a medication error or unauthorized access. 2. Review of the EHR for R48 revealed the resident was admitted with diagnoses including but not limited to end-stage renal disease, dependence on renal dialysis, hypertensive chronic kidney disease with stage 5 chronic kidney disease, anemia, generalized muscle weakness, and difficulty walking. Review of R48's quarterly MDS dated [DATE] documented a BIMS score of 10, indicating moderate cognitive impairment. Section GG (Functional Abilities and Goals) revealed functional limitations with ADLs, including substantial/maximal assistance required for bathing, toileting, dressing, and personal hygiene. Record review revealed no documentation of a self-administration assessment for R53. Observation on 6/10/2025 at 11:40 am revealed two pills in a clear container on the bedside table of R48. Interview at that time with R48 revealed that the medication was for her digestive system, and she did not know what the other pill was for. R48 stated the MT just set it there and left. Interview on 6/10/2025 at 12:38 am with MT LL revealed that staff were expected to remain at the bedside while residents took their medications. She explained that medications should not be left unattended. MT LL stated that if a resident refused medication, she took the medication with her and informed the nurse. She emphasized that residents were not allowed to keep medications at their bedside due to the risk of unauthorized access. Interview on 6/9/2025 at 12:41 pm with CNA/MT QQ revealed she was assigned to R48's room and recalled giving her medications. CNA/MT QQ confirmed she did not verify that R48 took the medications before she left the room. She explained she was busy, shaking, and stressed. She stated people were calling for her assistance, so she walked out. She acknowledged that it did not happen all the time but admitted this was a lapse in protocol. She confirmed that a negative outcome of leaving medication at the bedside could include a medication error or another individual accessing the medication. 3. Review of the EHR for R456 revealed the resident was admitted to the facility with diagnoses including but not limited to end-stage renal disease, osteomyelitis, type 2 diabetes mellitus without complications, peripheral vascular disease, generalized muscle weakness, and hyperkalemia. Review of a Physician Order dated 6/06/2025 stated that R456 was not capable of self-administering medications with approval and review by the Interdisciplinary Team. Review of the EHR for R456 revealed no documentation of a self-administration assessment. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 6/10/2025 at 11:02 am revealed a clear medication cup containing a red liquid on the bedside table of R456. An antidiarrheal medication was also observed sitting on the resident's dresser. Interview conducted at the time of observation with R456 revealed he had refused the medication because he felt he was receiving too much, and that he had recently begun experiencing jerking movements. He stated the nurse just dropped it off and said here is your medication and left. He confirmed the antidiarrheal was his and stated his family had brought him the medication. Observation on 6/10/2025 at 11:10 am, CNA/MT QQ was observed entering R456's room and proceeded to ask R456 if he was going to take his medication. R456 told her he did not want the red liquid medication and requested that she discard it. She threw the medication away as requested. Interview on 6/10/2025 at 12:38 am, MT LL revealed that staff were expected to remain at the bedside while residents took their medications. She explained that medications should not be left unattended. Med Tech LL stated that if a resident refused medication, she took the medication with her and informed the nurse. She emphasized that residents were not allowed to keep medications at their bedside due to the risk of unauthorized access. Interview and observation on 6/9/2025 at 12:41 pm with CNA/MT QQ confirmed she had given R456 a liquid protein supplement (a wound care vitamin), and he stated he would take it right away. CNA/MT QQ stated she walked out of the room when called for assistance by another CNA and did not verify that R456 took the medication. She confirmed that when she later returned, the medication was still present and was discarded due to the resident's refusal. CNA/MT QQ acknowledged the antidiarrheal medication on R456's dresser and reported the resident's family had likely brought it in. She stated she was unaware that prescription verification was required for over-the-counter medications kept at the bedside. She added that residents sometimes tell her not to touch their belongings and expressed hesitation about removing any medications without specific instructions. Interview on 6/13/2025 at 9:50 am with the Director of Nursing (DON) revealed the facility encouraged residents not to self-administer medications unless they have a BIMS score above 12 with no signs of intermittent confusion. She stated that if a resident qualified, they were assessed for self-administration, and medications were kept in a secure, locked location at the bedside. She stated staff were expected to observe the resident taking the medication and provide hydration. She acknowledged possible negative outcomes of leaving medications at the bedside included unmonitored administration, incorrect dosage, and access by other individuals. Interview on 6/13/2025 at 9:25 am with Nurse Practitioner (NP) revealed that self-administration assessments were conducted by the clinical team to determine resident competence. She was unsure if medications were kept at the bedside or on the cart. She identified that negative outcomes from unmonitored medication access could include missed doses or unintended ingestion by residents with dementia. Interview on 6/13/2025 at 10:30 am with the Administrator revealed that residents should not have medications at the bedside. She stated the facility had experienced ongoing issues with family members bringing in medications, and staff were expected to monitor and collect such items when observed. The Administrator stated that MTs were not to leave the room before confirming that the resident had taken the medication. She further explained that all staff were expected to remain observant and report any medications found at the bedside.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, staff interviews, and review of the facility policy titled Comprehensive Care Plans, the facility failed to develop a comprehensive, person-centered care plan for one of 73 sampled residents (R) (R101). The deficient practice had the potential to place R101 at risk of unmet needs, medical complications, and a diminished quality of life. Findings include: Review of the facility policy titled Comprehensive Care Plans, dated October 2022, revealed under Policy Statement: The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. All Care Assessment Areas (CAAs) triggered by the MDS will be considered be considered in developing the care plan. Review of R101's admission record from 9/17/2024 revealed the resident had diagnoses including, but not limited to, bipolar disorder, post-traumatic stress disorder (PTSD), and hyperlipidemia. Review of R101's Minimum Data Set (MDS) assessment, dated 3/24/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 01 (indicating the resident had severe cognitive impairment). Section E (Behaviors) documented the resident does not have any behaviors. Review of R101's care plan dated 9/19/2024 revealed no mental health diagnoses of PTSD and bipolar disorder. In an interview on 6/13/2025 at 9:20 am, the Director of Nursing (DON) verified that R101's care plan did not include the bipolar disorder or PTSD diagnoses, and stated it should. She stated her expectations were to have these diagnoses in R101's care plan. Interview with the MDS Coordinator on 6/13/2025 at 10:33 am confirmed that the care plan should have included R101's diagnoses of bipolar disorder and PTSD. She stated that it was a collaborative effort for management and staff to update all of the residents' care plans.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record review, and review of the facility's policies titled Medication Administration and Unavailable Medications, the facility failed to ensure that two of five residents (R) (R452 and R580) reviewed for medication administration received medications as ordered by the physician. Specifically, the facility failed to ensure R452 received ordered intravenous (I.V.) antibiotics, oral antibiotics, insulin injections, and oral diabetic medications after admission to the facility, and failed to ensure that R580's anti-hypertensive medications were administered as ordered by the physician. Findings include: Review of the facility's undated policy titled Medication Administration revealed under the Purpose of the Policy To provide a safe, effective medication administration process 4. Medications will be administered as soon as possible, but no more than two hours after doses are prepared. 5. Doses will be administered within one hour of the prescribed time unless otherwise indicated by the prescriber. 5.1. If medication(s) is not available, the nurse will: 5.1.1. Coordinate with pharmacy to procure the medication(s) as soon as possible and discuss possible substitution options with the pharmacist, if applicable; 5.1.2. Notify the physician/APP of the unavailability of the medication(s); 5.1.3. Discuss substitution options for ordered medication(s) or substitutions within one hour of the prescribed time; consider medication error situation. 6. If discrepancies occur, notify physician/APP and/or pharmacy as indicated. 7. Administer medication. 8. Document: .11.1. Administration of medication on Medication Administration Record (MAR); 11.2. Patient's response to medication; 11.2.1. Notification of physician/APP, if applicable. Review of the facility's policy titled Unavailable Medications, updated June 2024, revealed the Policy included 1. The facility maintains a contract with a pharmacy provider to supply the facility with routine, PRN (as needed), and emergency medications. 2. A STAT (immediate) supply of commonly used medications is maintained in-house for timely initiation of medications. 3. The facility shall follow established procedures for ensuring residents have a sufficient supply of medications. 4. Medications may be unavailable for a number of reasons. Staff shall take immediate action when it is known that the medication is unavailable: a. Determine reason for unavailability, length of time medication is unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication. b. Notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and /or specific orders for monitoring resident while medication is on hold. 5. If a resident misses a scheduled dose of the medication, staff shall follow procedures for medication errors, including physician/family notification, completion of a medication error report, and monitoring the resident for adverse reactions to omission of the medication. 1. A review of R452's electronic health record (EHR) revealed diagnoses including, but not limited to, bladder cancer, bladder mass, hematuria, (blood in the urine), encephalopathy (group of conditions that cause brain dysfunction), chronic kidney disease, dementia, depression, and shortness of breath. Review of R452's Entry Tracking Minimum Data Set (MDS) assessment, dated 12/20/2024, revealed the resident was admitted to the facility from a short-term general hospital on [DATE]. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R452's Discharge MDS Assessment, dated 12/23/2024, revealed the resident was discharged on 12/23/2024 to a short-term general hospital. Review of the hospital Discharge summary, dated [DATE], revealed that, prior to admission to the facility, R452 was hospitalized with hematuria (blood in the urine), sepsis (a life-threatening illness caused by infection), bacteremia (bacteria in the bloodstream), and hydronephrosis (a buildup of urine in the kidney). Further review of the hospital discharge summary revealed that the resident was to continue medications including, but not limited to, ceftriaxone 2 grams (gm) intravenous (IV) push every 12 hours, ampicillin 2 gm IV in 100 milliliters (ml) of 0.9 percent sodium chloride to be administered every 8 hours, insulin lispro 100 units/ml, inject five units subcutaneously three times daily before meals, empagliflozin 10 mg by mouth every morning, and Lantus Solostar U-100 insulin glargine 35 units subcutaneously in the abdomen nightly. Review of R452's medication administration record (MAR) dated 12/1/2024 to 12/31/2024 revealed the following medication orders: Dapagliflozin Propanediol 5 mg tablet, give one tablet by mouth one time a day for DM [diabetes mellitus] starting 12/21/2024 at 9:00 am. There was no documentation of the medication being administered or a reason for omission on the MAR on 12/21/2024 or 12/22/2024. Novolog FlexPen100 unit/ml solution pen-injector, inject five units before meals subcutaneously starting 12/21/2024 at 8:00 am. There was no documentation of the medication being administered or a reason for omission on the MAR on 12/21/2024 or 12/22/2024. Ampicillin sodium intravenous solution reconstituted 2 gm (grams) (Ampicillin Sodium), use 2 GM intravenously three times a day for infection, starting 12/21/2024 at 9:00 am. The MAR was coded as a 9 on 12/21/2024 and 12/22/2024 for all six scheduled doses, and one dose was administered on 12/23/2024 at 9:00 am. Review of the Chart Codes on the MAR revealed 9 indicated Other/See Progress Notes. Review of the Progress Notes revealed no documentation of a reason for medication omission. Ceftriaxone sodium injection solution reconstituted 2 gm (Ceftriaxone Sodium), use 2 gm intravenously two times a day for infection starting 12/21/2025 at 9 pm. The MAR was coded as 9 on the 12/21/2024 9:00 pm, 12/22/2024 9:00 am, and 9:00 pm dates, and one dose was administered on 12/23/2024 at 9:00 am. Review of the Chart Codes on the MAR revealed 9 indicated Other/See Progress Notes. Review of the Progress Notes revealed no documentation of a reason for medication omission. Doxycycline Hyclate oral tablet 100 mg, give one tablet by mouth one time only for infection starting 12/21/2024 at 9:00 am. There was no documentation of the medication being administered or a reason for omission on the MAR on 12/21/2024. Doxycycline Monohydrate 100 MG capsule, give one capsule by mouth one time a day for UTI (urinary tract infection) starting 12/21/2024. There was no documentation of the medication being administered or a reason for omission on the MAR on 12/21/2024 or 12/22/2024. Review of R452's Blood Sugar Summary revealed the resident's blood sugar was checked on 12/21/2024 at 4:21 am, with results of 208. There were no other blood sugar checks for R452 documented. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Progress Notes revealed an entry dated 12/20/2024 at 8:10 pm of At approximately 7:10 pm, resident arrived at the facility via stretcher, accompanied by EMS (emergency medical services) and his wife. Further review revealed an entry dated 12/23/2024 at 12:15 pm documenting the resident had an elevated temperature of 101.4 [degrees Fahrenheit] and acetaminophen tablet 325 mg, two tablets were administered. An entry dated 12/23/2024 at 1:12 pm documented that the resident had a change in condition, the resident's temperature was 101.6 [F], and the primary care provider recommended that the resident go to the emergency room (ER). Continued review revealed entry dated 12/23/2024 at 1:30 pm documented Patient transferred [local hospital] at 13:30 for elevated temperature R/T [related to] sepsis. Patient assessed by NP [Nurse Practitioner] and order given to sent patient to ER. Patient seems lethargic and not at baseline. No complaints of pain at this time. Review of the EHR revealed R452 did not return to the facility. In an interview on 6/12/2025 at 8:15 am, the Director of Nursing (DON) stated that when a resident was admitted after hours, daily medications were normally delivered the following day. She stated that antibiotics were available in the facility in the automated medication storage/administration system, allowing treatment to begin without delay. The DON further revealed that if there was a concern regarding a possible allergy to the ordered antibiotics, the nurse was expected to contact the provider for directions to prevent a delay in treatment. If the ordered antibiotics were not available, the nurse may request that the hospital send the next dose of IV antibiotics with the resident. If that was not an option, the nurse was expected to contact the provider for guidance on how to proceed until the medication was delivered. The DON added that ceftriaxone and ampicillin were medications usually available at the facility. The DON was unable to explain why R452 did not receive doxycycline until 12/23/2024 or why the nurse did not contact the provider to clarify the ceftriaxone order. Review of the automated medication storage/administration system's emergency medication list with the DON confirmed that the medications were available at the facility. The DON was unable to explain why the resident's blood glucose was only checked once during the three-day stay or why the diabetic medications were not administered. She stated that if a resident was diabetic, their blood sugar was expected to be checked. She further confirmed that nurses were not permitted to leave blanks in the MAR and could not explain why the antibiotics and diabetic medications were neither given nor documented. If a medication was not administered, staff were required to document the reason, whether the medication was unavailable, refused by the resident, or for any other reason. The DON further revealed that her expectation was for all staff to follow the physician's orders and administer medications as ordered. In an interview on 6/13/2025 at 11:00 am, the Assistant Director of Nursing (ADON) provided a list of medications stored in the automated medication system, and ampicillin, doxycycline, and ceftriaxone were all listed as available medications in the automated medication system. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/12/2024 at 10:00 am, the Administrator stated that the facility investigated R452's medication administration. Review of the investigation revealed documentation that the resident's medications had been delivered to the facility the day after his arrival. The Administrator noted that one of R452's medications was held due to a possible allergy to penicillin, and staff were in the process of clarifying this information. However, the resident was transferred out before clarification was obtained. The report also stated, All other medications were delivered and given as prescribed. When the surveyor asked the Administrator how she knew that medications were given as prescribed and whether she reviewed the MAR, she responded that she was not clinical and had asked a nurse to provide a report of what had happened. In that report, written by Registered Nurse (RN) NN on 1/3/2025, RN NN documented, Ampicillin was charted as not given r/r allergy to clin. [sic] In an interview on 6/12/2025 at 2:45 pm, Nurse Practitioner (NP) GG stated that she remembered R452 well. When asked whether it was standard nursing practice in the facility not to notify the provider if an ordered antibiotic was unavailable or if a resident was allergic to a prescribed medication, the NP responded that it was not, and that she expected staff to notify her. She added that she was not in the facility on weekends and did not see the resident until Monday. She reported that when she saw the resident for the first time on 12/23/2024, he was febrile (an elevated temperature) and lethargic. She noted that the resident's most recent hospital discharge diagnosis included sepsis and that he was supposed to be receiving IV antibiotics, and due to his condition, NP GG transferred the resident back to the ER for evaluation and treatment. 2. Review of R580's EHR revealed diagnoses including, but not limited to, acute or chronic diastolic (congestive) heart failure (CHF), paroxysmal atrial fibrillation, essential hypertension, and chronic kidney disease. Review of R580's Physician's Orders revealed the following orders: 5/29/2025: Losartan potassium oral tablet 100 mg, give one tablet by mouth in the morning for CHF. 5/28/2025: Hydralazine HCL [hydrochloride] oral tablet, give one tablet by mouth three times a day for HTN [hypertension]. 5/29/2025: Furosemide oral tablet 20 mg, give one tablet by mouth in the morning for CHF. 5/28/2025: Carvedilol oral tablet 25 mg, give one tablet by mouth twice a day for HTN; take with meals. 5/28/2025: Amiodarone HCL oral tablet 200 mg, give one tablet by mouth every morning and at bedtime for atrial fibrillation. Observations during observation of a medication pass on 6/11/2025 at 8:45 am by Licensed Practical Nurse (LPN) BB revealed LPN BB checked R580's blood pressure (BP) and heart rate (HR) prior to administering medications. The readings were BP 136/61 and HR 63. LPN BB administered the losartan potassium but did not administer the hydralazine HCL and carvedilol. She documented both medications as not given on the MAR. Review of the MAR revealed that the blood pressure medications did not include parameters to hold. When asked why she chose which medication to give and which to hold, LPN BB was not able to explain how she selected those two medications among the three and stated she was afraid the resident's blood pressure might drop and that she would recheck it later. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/11/2025 at 2:00 pm, NP GG revealed that she did not always include specific parameters for holding blood pressure medications, as it depended on the individual resident's condition. She explained that if a nurse encountered a borderline BP reading, they were expected to consult with her before making a decision. NP GG reported that she was in the facility five days a week, and between her and the Physician Assistant (PA), there was always a provider on-site. She emphasized that nursing staff were expected to notify the provider if they encountered abnormal vital signs, and the decision to hold or administer BP medications would be made by the provider. When asked if R580's carvedilol and hydralazine HCL should have been administered or held with a BP reading of 136/61 and HR of 63, she stated that the medications should have been administered. In an interview on 6/11/2025 at 4:00 pm, the DON stated that her expectations for nurses were to follow the provider's orders and, if in question, contact the provider for guidance.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, staff interviews, and review of the facility's policy titled Medication Storage, the facility failed to ensure medications were not available for use past their expiration date and were stored in the original container on two of seven medication carts (Hall 900 and Hall 800). These deficient practices created the potential for residents to receive medications with altered effectiveness. Findings include: Review of the facility's policy titled Medication Storage, revised December 2022, revealed under Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and /or medication rooms according to the manufacture's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security .1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments) i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls .6. Refrigerated Products: a. All medications requiring refrigeration are stored in refrigerators located in the pharmacy and at each medication room. b. Temperatures are maintained within 36-46 degrees F (Fahrenheit). Charts are kept on each refrigerator, and temperature levels are recorded daily by the charge nurse or other designee. c. In the event that a refrigerator is malfunctioning, the person discovering the malfunction must promptly report such finding to the Maintenance Department for emergency repair .8. Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy. 1. Observation on 6/11/2025 at 8:30 am of the medication cart on 900 Hall with Licensed Practical Nurse (LPN) AA revealed one bottle of folic acid 1000 micrograms (mcg) with an expiration date of 1/2025. LPN AA removed the expired medication from the cart and stated that both day and night shift nurses were responsible for checking medications for expiration dates as part of their routine. 2. Observation on 6/11/2025 at 9:04 am of the medication cart on 800 Hall with LPN BB revealed the top drawer contained a medication cup full of pink capsules. When asked what medication it was, LPN BB stated it was Benadryl. When asked how she knew it was Benadryl, she said she recognized the capsules by appearance. When asked whether storing the medication out of the original package was acceptable nursing practice, LPN BB confirmed that it was not. In an interview with the Director of Nursing (DON) on 6/11/2025 at 4:00 pm, she stated that she expected staff to follow the facility's medication storage policy. The DON stated that when a new medication container was opened, staff were required to label the box with the date of opening using a marker. Expired medications must be discarded. She stated that it was not allowed to keep unlabeled medications in a medication cup and that medications must remain in their original containers, and nurses were not permitted to identify medications by appearance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115360	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Center for Nursing & Healing LLC	110 Brandywine Boulevard Fayetteville, GA 30214

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with the ADON on 6/12/2025 at 9:00 am, she stated that medications were routinely checked for expiration dates and discarded before they expired. She also confirmed that all medications must remain in their original containers and may not be stored in open medication cups.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interviews, record review, and review of the facility's policies titled Handwashing/Hand Hygiene and Cleaning and Disinfection of Resident-Care Equipment, the facility failed to consistently perform hand hygiene during two of four medication pass observations and failed to sanitize shared medical equipment between residents during one of four medication pass observations. This failure had the potential to increase the risk of infection transmission among staff and residents. Findings include: Review of the undated facility policy titled, Handwashing/Hand Hygiene revealed the Policy Interpretation and Implementation section included . 7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap(antimicrobial or non-antimicrobial) and water for the following situations: . b. Before and after direct contact with residents; c. Before preparing or handling medications; . l. After contact with objects (eg., medical equipment) in the immediate vicinity of the resident . Review of the undated facility policy titled Cleaning and Disinfection of Resident-Care Equipment revealed the Policy Interpretation and Implementation section included . 3. b. Each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident d. Multiple-resident use equipment shall be cleaned and disinfected after each use. Observation of a medication pass on 6/11/2025 at 8:10 am with Licensed Practical Nurse (LPN) AA revealed there was no alcohol-based hand rub (ABHR) located on the medication cart. LPN AA prepared and administered medication to R592 without performing hand hygiene with ABHR or soap and water before or after administering the medications. Observation revealed ABHR was available from a dispenser in the hallway. LPN AA then obtained ABHR from the nurses' unit, placed it on the medication cart, and performed hand hygiene. When questioned by the surveyor immediately following the observation about whether hand hygiene should have been performed, the nurse acknowledged that yes, hand hygiene should have been performed before and after contact with residents, and admitted that she had not done so. Observation of a medication pass on 6/11/2025 at 9:30 am with LPN CC revealed LPN CC prepared and administered medications to R57 without performing hand hygiene before or after administering the medications. Further observation revealed LPN CC used a shared blood pressure cuff to check R57's blood pressure and did not sanitize the cuff before or after checking the resident's blood pressure. When questioned by the surveyor immediately following the observation about whether hand hygiene and cleaning of shared equipment should have been performed, the nurse acknowledged that she should have sanitized her hands but did not, and stated she was unsure about cleaning the blood pressure cuff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115360	A. Building B. Wing	06/13/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/11/2025 at 4:00 pm, the Director of Nursing (DON) stated that she expected staff to perform hand hygiene before and after any contact with each resident and before and after administering medications. She further stated that shared medical equipment should be cleaned and sanitized between each resident.